DOCUMENT RESUME

ED 180 590 PS 010 939

AUTHOR Hepworth, H. Philip
TITLE The Social Construction of Child Abuse.
PUB DATE Sep 79
NOTE 14p.: Paper presented at the Annual Conference Retreat of Lutheran Pastors of the Saskatoon Conference (Kinasao, Saskatchewan, September 5-7, 1979)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Abuse: Data: *Definitions: Foreign Countries: *Intervention: *Neglected Children: Parent Child Relationship: *Research Needs: Social Environment: Welfare Problems
IDENTIFIERS *Canada

ABSTRACT

Child abuse, a new name for cruelty to children, is a social phenomenon and not a purely psychological one. Historically, most definitions of child abuse have emphasized physical injury to the very young child. The term should be expanded tc include children of all ages and to include sexual and psychological as well as physical abuse. The current focus on child abuse has come about partly as a result of the large post-war child population, increased access to medical specialists with improved techniques, and legislation requiring or recommending that suspected cases of abuse be reported to authorities. In the United States, child abuse legislation was implemented with unusual rapidity. Canadian provinces followed suit and the concern about child abuse spread to other countries. It is not clear how much of this problem can be solved by intervention at a societal level. Certainly, educational interventions should not be restricted to the prevention of conception, but should be long-term, inter-generational, and an institutionalized part of social, educational and health programs. Physical punishment of children should be outlawed. Interventions designed on the basis of inconsistent abuse registry data may be misdirected. Provision of preventive child support services throughout early childhood is advised. (Author/RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED180590

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

THE SOCIAL CONSTRUCTION OF CHILD ABUSE

A paper prepared for presentation at the
Annual Conference Retreat of Lutheran
Pastors of the Saskatoon Conference,
Kinasao, Saskatchewan

September 5-7, 1979

H. Philip Hepworth
Associate Professor
Faculty of Social Work
University of Regina

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
H. P. Hepworth
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS010939

The Social Construction of Child Abuse

One day on a walking tour in the Austrian Alps twenty or more years ago I helped a woman in her mid-twenties across a mountain stream. The next day she showed me the upper part of her arm; there quite clearly visible were bruise marks from my four fingers and thumb. Prior to the holiday I had spent six weeks working as a labourer, and was consequently as strong and fit as I have ever been. We often hear the expression "he doesn't know his own strength", and that was perhaps the case with me; or perhaps the young lady bruised very easily.

This anecdote may serve to illustrate the physical strength that lies in all of us, the capacity to hurt others even unknowingly. A quotation from Shakespeare's Measure for Measure has often served me as a useful reminder of one of the basic challenges faced by all human societies, the regulation of relationships between people.

> "Tis excellent to have a giant's strength
> But tyrannous to use it like a giant."

When we come to look at the interrelated questions of child abuse and neglect, we are, I believe, looking at the regulation of human relationships on many different levels. We are looking at the actual physical and emotional relationship between a child and its parents, and by extension between the child and its siblings, relatives and other care givers. We are looking at the relationship between the child and the various agents of society, teachers, doctors, ministers, policemen and so on. We are looking at the relationship on a more impersonal level between the child and the social and economic institutions of the society in which he lives.[1]

I was invited to speak about the characteristics of abusing parents, but you will gather from my opening remarks that I believe the phenomenon of child abuse does not permit us to confine ourselves to the personal characteristics of a particular group of parents. I have tried to imply that child abuse is a social phenomenon rather than a purely psychological one. I have also tried to imply that we are all capable of child abuse. Having said this I immediately enter an area of controversy. Surely, you may say, child abuse is associated with poverty. Here experts disagree.

I believe it is not particularly useful to distingish child abuse and neglect. I believe also it is not helpful to concentrate only on physical abuse. But whatever terms or definitions we use, they are open to an extremely wide range of interpretations in which the only common factor at times seems to be that children are involved. Even the term child is subject to interpretation. Do we mean very young children, children under the age of 16, 18 or 21? Well the answer is that we may do.

Given this breadth of conditions, circumstances and ages it is fairly obvious that precise answers to such questions as the socio-economic status of the parents of abused or neglected children are not really possible. Yet within the phenomenon of child abuse some greater specificity is possible. Cruelty to children has been a social concern in many countries for more than a century.[2]

The Problem of Definition

The problems of high infant mortality rates until the early years of this century served to disguise deaths resulting from illness and disease and those resulting from neglect and abuse. But there was a well recognized phenomenon of abandoned and unwanted children, and some of the earliest child protection legislation dealt with this situation. It is also obvious that doctors did see babies who had been physically abused and who presented unusual physical symptoms. But though there were some physical symptoms present, the effect of current or past injuries was not always readily apparent. The use of the X-rays gradually brought to light unsuspected fractures and previous fractures that had healed. New fractures, extensive bruising, burns and scaldings and the evidence of past injuries in very young children gradually gave rise to a variety of terms of which the battered child syndrome and the battered baby syndrome are now the most common.

The expression "battered child syndrome" was first used in 1962 by Professor C. Henry Kempe "to characterise a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent."[3] The term "battered baby" was originally used by the British Paediatric Association in 1966.[4]

The emphasis on physical injuries is obvious in many of the other definitions used, and one subdivision that appears useful to me distinguishes between (a) true infanticide, (b) the wasted and neglected child, (c) deliberate cruelty and (d) the battered child.[5] Another definition, this time of the term "child abuse" again stresses the physical aspects of the phenomenon - "any non-accidental act or omission of parent or custodian resulting in physical injury to a child."[6]

I think we should recognize the validity of concerns about physical injury to children, but also recognize that child abuse may need a very much wider definition. However the fact that the presence of serious injuries in children was inadequately explained for so long and was often not even diagnosed, should alert us to the likelihood that other forms of child abuse and neglect are still likely to go unrecognized, or if they are recognized, their manifestations may be ignored or misunderstood. It seems to me quite likely that many behaviour problems in children stem from poor parent-child relationships, which are subsequently transmitted outside the family circle. I am not implying that there can ever be any absolute standard of normal behaviour, but we can recognize from our own behaviour that in some measure we are the products of our own upbringing.

Extension of the term child abuse to include children of all ages and to include sexual and psychological abuse as well as physical abuse appears to me to be necessary therefore, even though it is appropriate to use the terms battered child or battered baby syndrome to describe one form of child abuse involving very young children.

Society's Response to Child Abuse and Neglect

In looking at a social phenomenon as emotive as child abuse we need to maintain some sense of perspective. Child abuse is not a new phenomenon. It is in my view a new name for cruelty to children. The first child protection legislation in Canada, the 1893 Ontario statute, was called "An Act for the Prevention of Cruelty to and Better Protection of Children." Canadian child welfare services were modelled in most cases very closely on this Ontario legislation, and with the exception of Quebec were introduced in all provinces by the early 1920's.

Adoption legislation was introduced in a similar fashion and was in place in most provinces by the late 1920's. Adoption is of course an ancient practice and was a common practice before formal legislation was introduced. The particular reason why legislative measures were introduced when they were seems at least in part due to the creation of child welfare services, which were in a position to record for the first time the number of abandoned and neglected children. The services were not however in a position to care for all these children. The use of free foster homes was widespread until the 1940's, and adoption homes were another cheap placement resource. Adoption homes also happened to be the best type of substitute placement that could be made for orphans and abandoned children.

The more extreme forms of physical neglect were less frequently seen by the child welfare services as the material prosperity of the country grew. Even so the basic income assistance services were still not really adequate in many provinces during the early 1960's. The child welfare services were commenting in these years about their own lack of resources in the face of demands for services for disturbed children, many of them acting out adolescents. The child welfare services were also having to cope with the consequences of the post-war baby boom which only peaked in 1959. In fact the number of illegitimate babies born continued to grow until 1970.

I think we can get some idea why child abuse as a separate phenomenon was lost to sight while the child welfare services developed and attempted to meet the demands made upon them with the limited resources available to them. Canada followed similar demographic trends to those found in other countries. The post-war baby boom in these countries meant that there were many more children, and it was among these children that pediatricians began to see children with conditions or injuries that were inexplicable. Modern medical techniques too made detection of previously undetectable injuries or former injuries more possible.

The American Academy of Pediatrics conducted a symposium on the problem of child abuse under Kempe's direction in 1961. The U.S. Children's Bureau sponsored this symposium, and in 1963 published guidelines for child abuse reporting legislation, a recommendation arising out of the symposium.[7] By 1967 every state in the United States had adopted laws that required or recommended physicians and others to report

suspected battered baby cases to the appropriate authorities. The extreme rapidity with which such a recommendation was implemented in law has been noted by a number of people. Selwyn M. Smith, a pediatrician now working in Ottawa, reporting on his own research in Britain, quotes one American authority; M.G. Paulsen:

> "few legislative proposals in the history of the United States had been so widely adopted in so little time."[8]

Canadian provinces followed suit. Ontario included a mandatory reporting requirement in its 1965 Child Welfare Act, and Newfoundland, Nova Scotia, Alberta and British Columbia also amended their child welfare legislation to make reporting of child abuse a requirement. During the 1970's Quebec, Manitoba and Saskatchewan have taken similar steps, and other provinces have sought to make reporting more effective.

This concern about child abuse has spread to other countries, and is an example of what has been termed by one Hungarian commentator an "international contagion of ideas."[9] The creation of child protection legislation in different provinces and countries was an earlier example of this spread of ideas. Television, books, learned journals may today help spread new ideas more quickly, but in my view they should not be allowed to distort the basic message. Child abuse is a serious matter, but because we hear more about it, because we quickly pass legislation about it, it does not follow that there is more child abuse, that there is an epidemic of child abuse, or that when we have done something about it, the problem will go away.

The Problem That Persists

The problem about focussing on a phenomenon as complex as child abuse is that simple statements will not suffice, nor will simple administrative devices such as child abuse registers. I would like to quote the two concluding paragraphs of a book by the British author, Dr. Michael Rutter, called Maternal Deprivation Reassessed.

> "In a recent review of the effects of 'psychosocial deprivation' on human development in infancy (a topic closely related to 'maternal deprivation'), Bettye Caldwell (1970) suggested that three of the tasks requiring massive research efforts were: improved techniques of assessing the psychosocial environment, better measures of those aspects of human behaviour which react

to changes of environment, and an exploration of the relationship between constitutional factors and the susceptibility to the influence of deprivation. Exactly the same applies to parent-child interaction and the effects of distortion, privation or deprivation of any kind of parental care.

The concept of 'maternal deprivation' has undoubtedly been useful in focusing attention on the sometimes grave consequences of deficient or disturbed care in early life. However, it is now evident that the experiences included under the term 'maternal deprivation' are too heterogeneous and the effects too varied for it to continue to have any usefulness. It has served its purpose and should now be abandoned. That 'bad' care of children in early life can have 'bad' effects, both short-term and long-term, can be accepted as proven. What is now needed is a more precise delineation of the different aspects of 'badness', together with an analysis of their separate effects and of the reasons why children differ in their responses. The chief purpose of this book has been to discuss some of the possible psychological mechanisms which might be investigated in this connection."

The four areas identified in this quotation as needing research are:

(a) improved techniques of assessing the psychosocial environment
(b) better measures of those aspects of human behaviour which react to changes of environment
(c) an exploration of the relationship between constitutional factors and the susceptibility to the influence of deprivation
(d) study of parent-child interaction and the effects of distortion, privation or deprivation of any kind of parental care.

I believe we can say that child abuse, of which child battering, is one part, is one constituent of maternal/paternal/parental deprivation, and as such may be transmitted from one generation to another, but equally well may be caused by factors quite specific and unique to a particular child's early childhood (and gestation). We are faced then with factors and circumstances which are quite possibly more difficult to unravel than were the symptoms presented to pediatricians some decades ago by battered babies. Horrifying as the physical abuse of babies is, the remedy of physical injury may be more readily accomplished than the prevention and cure of the behavioural problems of some people who sooner or later may have the responsibility of caring for and raising children.

How much of this problem can be tackled at a societal level? It is fairly obvious that some people are not suited to the task of caring for children, especially young children. Some people voluntarily decide not to have children. Quite a number of abusing parents become parents accidentally or involuntarily, but some seem to have an urge to have children and to continue having children, even though their own circumstances and experiences would suggest they should not.

The educational task is not confined therefore simply to the prevention of conception. If the experience of being well cared for by parents or other care-givers is the best predictor of whether or not one will be a good parent, educational interventions will have to be long-term and of an inter-generational nature. There is for example good historical evidence that illegitimancy has persisted in some families over a period of several centuries.[10] The educational approach therefore needs to be an institutionalized part of our social, educational and health programs. It is a long-term, on-going task, which has previously been left to chance. We can say that child abuse is a product of inadequate or inappropriate socialization. But it is also a question of social values, of whether particular ways of treating or handling children are socially approved or disapproved. Physical punishment of children may be condemned in some societies, at some times and not at others. Attitudes change. As a society we are ambivalent about the forms of discipline we believe are appropriate for children. We are also likely to be inconsistent in what we do and what we say. As a society we can resolve some of this ambiguity. We can try to institutionalize fair, humane and consistent ways of handling children in our schools, in hospitals, in churches, and in families. We can outlaw physical punishment. But when we have done this we have not done enough. We shall still have done nothing about emotional and psychological abuse, and very little about sexual abuse either. In trying to be more humane, are we perhaps trying to deny our own humanity? How do we become paragons of virtue, people who as parents never lose our tempers? Socialization of children is partly about social control, so that it is obvious that we shall always need ways of approving some forms of behaviour in children and of disapproving others. But social sanctions do not have to be based on extreme force of any kind whether physical or verbal.

Some Specifics about Child Abuse in Canada

When we come to look at society's specific responses to child abuse we soon find ourselves looking at the behaviour of social institutions rather than at the behaviour of abusing persons. An examination of the figures contained in child abuse registers does not leave us much wiser about the phenomenon of child abuse, though there are some instructive lessons to be drawn.

(1) In terms of cases reported in Ontario 6.7 per cent involved repeaters in 1976, 9.2 per cent in 1977, and 9.5 per cent in 1978.

(2) of 48 cases recorded in the Nova Scotia child abuse register in 1977 14 cases or 29 per cent involved prior abuse. In 1978 of 37 cases there were 14 cases or 38 per cent involving prior abuse.

(3) The sex distribution of children abused varies from year to year, and may reflect the age of children being reported. Sexual abuse of adolescent girls may for example lead to proportionately more girls being reported. Recording practices may account for some of these differences as the definition of child abuse may have broadened beyond physical cruelty to very young children.

(4) About half the cases recorded in Nova Scotia involve children under the age of 3. In other provinces between a quarter and one third are children in this very young age group, but there are fluctuations from year to year.

(5) A small number of the cases reported involve the death of the child. The figures for Ontario are 3 in 1970, 1 in 1971, 2 in 1972, 5 in 1973, 3 in 1974, 9 in 1975, 11 in 1976, 13 in 1977 and 9 in 1978.

(6) A low conviction rate is recorded in Ontario; in 1976, 11 convictions (14.9 per cent) out of 74 charges laid, in 1977, 15 convictions (12.2 per cent) out of 123 charges laid, and in 1978, 29 convictions (15.5 per cent out of 187 charges laid.

Charges Laid & Convictions Registered in Cases of Alleged Child Abuse in Ontario 1970 - 1978

Year	A No. of Charges Laid	B No. of Convictions Registered	C B as % of A
1970	39	14	35.9
1971	51	15	29.4
1972	60	23	38.3
1973	63	12	19.0
1974	50	1	2.0
1975	85	13	15.3
1976	74	11	14.9
1977	123	15	12.2
1978	187	29	15.5

(7) In most cases of alleged abuse the perpetrators appear to be either of the natural parents or both. Other abusers include stepfathers, and relatives or other persons known to the family. Ontario records the cases involving foster-parents and adoptive parents.

Number of Cases of Child Abuse Reported in Ontario Involving Foster Parents and Adoptive Parents in the Years 1970 - 1978

Year	No. of cases reported	No. of foster homes involved	No. of adoption cases involved
1970	407	1	7
1971	422	4	8
1972	491	8	17
1973	598	5	17
1974	562	5	16
1975	769	6	15
1976	746	5	18
1977	1045	9	29
1978	1762	20	50

(8) Parents are themselves the reporters of child abuse in many cases. Relatives and neighbours are also important referral sources.

(9) Depending on local circumstances schools appear to be as important a referral source of child abuse as are hospitals. Doctors and public health nurses are also other important referral agents.

(10) The injuries sustained are in most cases described as bruises and welts. Fractures are less common, and burns even less frequent. Sexual assault is recorded more often in the Manitoba registry than either fractures or burns in recent years.

(11) Reported child abuse cases are a small proportion of all child neglect cases. While reported neglect cases in Alberta have increased substantially during the last four years from 4812 in 1975 to 8108 in 1978 the number of abuse cases was 369 in 1975, 237 in 1976, 232 in 1977 and 270 in 1978.

It is extremely difficult to get a clear picture of the problem of child abuse from child abuse registry figures. Reporting practices change from year to year. Reported cases are different from verified cases, and some provinces prefer to report only the latter. More than one child may be involved in a reported case. Physical abuse has in some cases been extended to include sexual assault. The following list provides an indication of the type of cases recorded.

Newfoundland - Central registry (cases of physical, nutritional, sexual or emotional abuse).
Nova Scotia - "child abuse register" (acts resulting in injury including parental deprivation and failure to provide reasonable protection from physical harm) - established by statute.
Quebec - "Comite pour la protection de la jeunesse", established by statute.
Central registry (fichier central) - physical ill-treatment (des mauvais traitements physiques par suite d'excès ou de négligence).
Ontario - Central child abuse registry (cases of alleged mistreatment of children).
Manitoba - registry of physically abused children.
Saskatchewan - Child protection registry - cases of physical abuse, physical neglect, sexual exploitation, and emotional deprivation.
Alberta - Child protection registry - cases of neglect and abuse.
B.C. - registry of abused or neglected children.

This list may simply serve to confuse the issue of the extent of child abuse in Canada. We start with a condition which is very difficult to define. We are then dependent on its recognition and diagnosis. We then require that it be reported to the child welfare authorities who in turn may have to report it to a central register and take steps to verify that it is truly child abuse. It is obvious that tremendous variation will occur at every point of this process. It is also obvious that the terms child abuse and child neglect are very elastic concepts which are likely to differ from place to place and from time to time.

Yet despite all these problems the abused and neglected child is in need of protection. One of the problems may be that society has chosen to focus on the pathological aspects of child abuse, and has chosen to intervene by using the child welfare services which almost by definition are "after the fact" services - that this they are involved when some need for protection is already present. They are not able though to provide the help and support at a stage when prevention might be possible - preferably at and about the time a child is born. Provision of an ongoing supportive service throughout early childhood may be the best solution for this persistent and prevalent problem.

I have tried to show that child abuse and child neglect are relative questions, which are subject to definition according to the values and attitudes that prevail in a society. They have not disappeared as society has become more affluent, so that while poverty, poor nutrition and poor housing do contribute to the problem, what is most important is how people lead their lives, how they have been treated by their own families, and how they are at present treated by their relatives, their neighbours, their communities, their employers and their governments. We should not persist in the notion that people should always be self-sufficient and self-reliant; that is not how mankind has survived to the present time, and that is not how mankind will survive. In the question of child abuse as in everything else we are our brother's keeper.

REFERENCES

1. David G. Gil, "Unravelling Child Abuse" in American Journal of Orthopsychiatry, vol. 45 no. 3, April 1975

2. Selwyn Smith, The Battered Child Syndrome, Butterworths, London 1975

3. C.H. Kempe et at, "The Battered Child Syndrome" in Journal of the American Medical Association, 1962, vol. 181 pp. 17-24

4. British Paediatric Association, "Memorandum by the special standing committee on accidents in childhood: The battered baby" in British Medical Journal, vol. 1 pp. 601-604, 1966

5. J.M. Cameron, "The battered baby" in British Journal of Hospital Medicine, vol. 4 pp. 769-777, 1971

6. Cyril Greenland, "Home Accidents and Injuries Study, HAIS, Project Description", p. 2 n.d.

7. The Abused Child (1963), Principles and suggested language for legislation on reporting of the physically abused child. U.S. Department of Health, Education and Welfare, Welfare Administration, Children's Bureau, Washington, D.C. Government Printing Office.

8. Selwyn M. Smith, The Battered Child Syndrome, Butterworths, London 1975, quoting M.G. Paulsen, "Legal Protection Against Child Abuse" in Children, vol. 13, 1966

9. Sheila B. Kamerman and Alfred J. Kahn (eds), Family Policy: Government and Families in Fourteen Countries, Columbia University Press, New York 1978

10. Peter Laslett, Family Life and Illicit Love in Earlier Generations: Essays in Historical Sociology, Cambridge University Press, Cambridge, 1977